

WISCONSIN
SENIORCARE

PO BOX 6710
MADISON WI 53716 0710

NOTICE OF DECISION
State of Wisconsin
Dept. of Health and Family Services

Date: 03/18/05
Name: Client A Name
Case Number: 123456789

Si requiere esta información en
español, llame al 1-800-657-2038

CLIENT A NAME
12345 MAIN STREET
MADISON WI 53555

The SeniorCare program received an enrollment fee from you on **MMDDYY**. However, a SeniorCare application was not received with your enrollment fee. If you wish to apply for the SeniorCare Program, please complete the enclosed application and return it as soon as possible to the address below.

If the completed form is received by **MMDDYY**, we will apply the enrollment fee you sent us on **MMDDYY** to the application. Your SeniorCare eligibility begin date will be based on the day the SeniorCare program receives a valid application from you. If the application is not received by **MMDDYY**, a refund of your enrollment fee will be mailed to you.

If you wish to apply for SeniorCare, please return the completed application to:

SeniorCare
P.O. Box 6710
Madison, WI 53716-0710

Please contact the SeniorCare Customer Service Hotline at 1-800-657-2038 if you have additional questions.

Sincerely,

The SeniorCare Program